

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No.

A 1161

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 87 5 a.m.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Stella Brown

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

1011

Booth St.

Duration of Residence in the City of Baltimore,

4 months

Place of Death,

{ Give Street and Number. }

1011

Booth St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

36 hours

All the above information should be furnished by the Physician.

Place of Burial,

Sharps Cemetery

Date of Burial,

July 12 1887

{ Undertaker,

Alex Hensley

M. G. Smith

M. D.

Medical Attendant.

{ Place of Business,

1705 Penna Ave.

Address,

1705 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1162

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1162 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emanuel Reinhardt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 83 Years, Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 53 years

Place of Death, { Give Street and Number. } 652 New No Lexington St

Cause of Death, { First (Primary), Second (Immediate), } Senility

Duration of Last Sickness, 4 days

Place of Burial, Loyal St Cemetery

Date of Burial, July 11

Undertaker, Jacob Thomas

Place of Business, 626 W. Baltimore Address, 36 S. Enoch St

J. E. Clayton M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Permit No. A 1163 Office of Registrar of Vital Statistics.

Ward 15th

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CERTIFICATE OF DEATH.

Date of Death, July 8th 87

Full Name of Deceased, Chas. E Thomas
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Black Years, 2 Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 836 Peach ally.
{ Give Street and Number. }

Cause of Death, Dentition & Pertussis
{ First (Primary), }
{ Second (Immediate), } Ex

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's cemetery

Date of Burial, July 11

{ Undertaker, Spull and Hardy

{ Place of Business, 416 cross st

J. J. Flannery

Coroner

M. D.

Address, 1701 Dr Hill Ave.

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Permit No. A 1164 Office of Registrar of Vital Statistics.

Ward 9

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CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Barnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 7 Days

Color, Mauvette

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

503 Mangrove Alley

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. }

503 Mangrove Alley

Cause of Death, { First (Primary), _____

Feebleness of constitution

Second (Immediate), _____

convulsions

Duration of Last Sickness, _____

1 day

All the above information should be furnished by the Physician.

Place of Burial, Army Cemetery

Date of Burial, July 11th 1887

Undertaker, Wm. Madden

John Morris

M. D.

Medical Attendant.

Place of Business, 46 East St.

Address, 118 E. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1165 Office of Registrar of Vital Statistics.

Ward 74

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CERTIFICATE OF DEATH.

Date of Death, July 11 - 87.

Full Name of Deceased, A. Spruor Miles
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 2 Years, 10 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Balw

Birth Place, Balw
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1855 E Eager

Place of Death, Calitis
{ Give Street and Number. }

Cause of Death, Meningitis Cerebral
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th

Undertaker, E. Schilling

Place of Business, Arkland Square Address, 4 S. Eager

H. Mayr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No.

A. 1166

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Belinda Valentini

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1606. Gough St

Cause of Death, { First (Primary), Second (Immediate), }

Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, July 12. 1887

Undertaker, James P. Byrne

J. J. Groop

M. D.

Medical Attendant.

Place of Business, 63 N. Front St. Address,

1437 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Friedrich Rausch

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 60 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married ✓

Occupation, Machinist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cassel Germany

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, { Give Street and Number. } Hebrew Hospital

Cause of Death, { First (Primary), Second (Immediate), } Alcoholism
Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, July 12, 1887,

{ Undertaker, John Henry } Friedman M. D.
Medical Attendant.

{ Place of Business, 2008 Orleans St } Address,

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Permit No.

A 1168

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

July 10 - 1887

Full Name of Deceased,

{Write legibly and spell correctly. If an Infant not named, give names of parents.

John Edward Graham

Sex, Male or ~~Female~~,

{Cross out the word not required in this line.

Age,

2

Years,

9

Months,

+

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{Cross out the words not required in this line.

~~Occupation~~,

Birth Place,

{State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

2 1/2 years

Place of Death,

{Give Street and Number.

2016 W. Pratt St

Cause of Death,

{First (Primary),

Enteritis

{Second (Immediate),

Asthma

Duration of Last Sickness,

10 1/2 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

July 12th

{Undertaker,

J. J. Brown

C. C. McDowell M. D.

Medical Attendant.

{Place of Business,

901 Hollins

Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No.

A. 1169

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

July 10th 1887.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary H. Gaither

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

4 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give Street and Number.

3 W. Lee St.

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Mt Olivet

Date of Burial,

July 12/87

Undertaker,

Christy & Sons

R. J. N. Tall, M. D.

Medical Attendant.

Place of Business,

716 Light

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. **A 1170**

Office of Registrar of Vital Statistics.

Ward **7**

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CERTIFICATE OF DEATH.

Date of Death, **July 11th 1887**

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. **Ellen Brosnan**

Sex, Male or Female, Cross out the word not required in this line. **Female**

Age, **75** Years, Months, Days.

Color, **White**

Married, Single, Widow or Widower, Cross out the words not required in this line. **Married**

Occupation, **Housewife.**

Birth Place, State or country, and how long in the United States, if of foreign birth. **Ireland (County Kerry)**

Duration of Residence in the City of Baltimore, **27 years**

Place of Death, Give Street and Number. **1108 Somerset Street**

Cause of Death, First (Primary), Second (Immediate). **Epilepsy**

Duration of Last Sickness, **About 27 years**

All the above information should be furnished by the Physician.

Place of Burial, **Bonnie Bone**

Date of Burial, **July 12th 1887**

Undertaker, **Geo. Rinehart**

Place of Business, **City**

Address, **Com. of Health & Registrar** M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]